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Patient Care News: October 2008

St. Cloud Hospital

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PATIENT CARE NEWS

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Guidelines For Submitting Articles For Patient Care News

Barb Scheiber, Director, Patient Care Support

At a recent Administrative Nurse Practice committee meeting the group discussed what articles should be included in Patient Care News. Everyone agreed that there is so much to read and so little time to do it.

With this in mind, our goal is to avoid repeating information that is also published elsewhere. The following guidelines were established:

1. Articles should pertain to nursing across multiple areas. If something is applicable to only one unit or care center, it should be included in their unit newsletter.
2. Information that is housewide and publicized in other flyers, articles etc. will not be included in Patient Care News.
3. If an article is lengthy (over ½ page long), the author should summarize the article and include who to contact for additional information.

Any other suggestions are welcome!

INSIDE THIS ISSUE

The Magnetic Pull – A Time To Show Our Strength!

Barb Scheiber, Director of Patient Care Support

It's coming, it's scheduled! Our Magnet redesignation survey will be December 2nd, 3rd, and 4th, 2008. Educational materials are being prepared. This will be a busy time for all of us.

The focus of the survey will be an evaluation of our ability to demonstrate the 14 forces of magnetism. There's no question that our patients receive excellent care and that our staff is highly skilled and competent.

We have so much to be proud of and many success stories to share.

This is your opportunity to do what you do best…Shine!

Patient Care News articles should be sent to Deb Kaufman in Patient Care Support by the 25th of each month.

Respiratory Care Medications

By Tammy Rogers, RRT and Peggy Lange, RRT

To address comments given on the Respiratory Care Internal Customer Service survey, we wanted to give you some information about our practice and our medication delivery times.

Respiratory medications in nebulizer treatments are put into the patient's EPIC MAR at standard times throughout the hospital. The housewide "Respiratory QID" meds start at 0800. These medications will be given at staggered times throughout the hospital based on number of patients and number of treatments.

Various situations impact the delivery time of respiratory medications. Examples include: the patient is out of the room for a procedure, the patient is eating, etc. An individual therapist may have 6-7 therapies scheduled at 0800. However, as this is similar in nursing, it is not possible to do all of them at 8:00 am. Respiratory Therapists have the ability to adjust the times.

Sometimes we need to start our QIDs at 0700 or move times to 0900. We deliver all medications at the frequency ordered, but need some leeway in the times.

Examples of QID: 0800, 1200, 1600, 2000 or 0900, 1300, 1700, 2100.

Therapists cannot chart the respiratory meds on the EPIC MAR if the MAR is already open and being used by another user (i.e., the RN). We will continue to complete our therapy for another patient and will remember to go back to chart the meds once the other user closes the MAR.

When you see respiratory meds "overdue", it is never acceptable to chart a medication as "given" when you did not give the medication.

If you have questions about your patient's respiratory meds and/or the administration times, please call your Respiratory Therapist.

UTI Prevention

By Sally Petrowski, Infection Control Specialist

The research has shown the **3 components** that can influence urinary tract infections are as follows:

1. **Aseptic technique** upon insertion.
2. Careful **Maintenance** of the foley catheter drainage system.
3. Prompt removal of catheter.

Aseptic technique:

- Hand hygiene prior to insertion.
- Avoid catheter contamination. Use sterile catheter with each insertion attempt.
- Never insert a contaminated catheter – even if the patient is on antibiotic.

Maintenance:

- Always collect specimens with aseptic technique. All specimens should be collected from the port in the collection tubing.
- All indwelling catheters should be secured with a securement device.
- Maintain a closed urinary drainage system.
- Never separate the collection tubing from the catheter.
- Anchor collection tubing in a coiled position to prevent kinking.
- Maintain the bag below the level of bladder.
- Evaluate all individual catheters daily for possible removal.

Call your Respiratory Therapist

By Peggy Lange, RRT

Almost everyone could answer the question when needing help for ridding the planet of alien creatures: "Who you gonna call?"
"Ghost Busters!!!" with a loud resounding voice.

With the same kind of voice, the Respiratory Care Department wants you to know to call them anytime you have questions about oxygen, respiratory medications, treatments and tests, and patient assessments – just to name a few.

If your patient needs a respiratory intervention or you are just not sure, use the statement to the patient, "Let me call the respiratory therapist to see what they think" or "I am going to call the respiratory therapist to do an assessment for you." If you are promising a nebulizer treatment to the patient, and a nebulizer treatment is not the appropriate choice for care, it sets us up for failure as a collaborative team. The therapist may have different input for decision making for the patient event.

So when you need to call some one to fight alien creatures call "Ghost busters" but if it is a respiratory assessment you are looking for, call our Respiratory Care team.

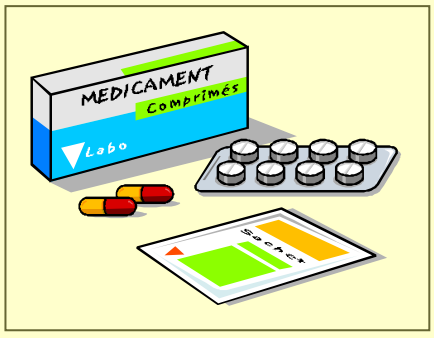
Look-alike and Sound-alike Medications

By Deb Miller, Pharm.D., Med Safety Pharmacist

Joint Commission has made reducing errors associated with look-alike/sound-alike drugs a part of its National Patient Safety Goals.

Organizations are required to annually review a list of look-like and sound-alike drugs used in their facility and develop strategies to prevent mix-ups. The complete list and safety strategies are in the Medication Administration Policy Addendum B: Look-Alike/Sound-Alike Drug Name List.

Specific safety strategies include the use of TALLman to differentiate lettering in EPIC, in Omnicells and on Pharmacy shelf labeling. TALLman lettering is reserved for the most problematic mix-ups that have occurred nationally or here at St. Cloud Hospital.



Here is the current list of Look-Alike/Sound-Alike combinations that was approved by Pharmacy and Therapeutics Committee:

- EPHEDrine EPINEphrine
- DOXOrubicin (use the brand name for the lipid-based product, use DOXIL)
- DAUNOrubicin (use the brand name for the lipid-based product, use DAUNOXOME)
- vinCRISTine vinBLASTine
- CELEbrex ceLEXa CEREbyx
- cloniDINE clonaZEPAM
- buPROPion XL buPROPion SR busPIRone
- morphine HYDROmorphone
- tramADOL traZODONE
- metFORMIN metroNIDAZOLE
- hydrOXYzine hydraALAZINE
- Concentrated products: (ROXANOL) vs. conventional provides all oral morphine products in unit doses)

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Medication Safety Events

By Debra A. Miller, Pharm.D. Med Safety Pharmacist

There have been a total of 15 serious medication safety events reported in the past year of patients receiving drugs intended for another patient. Two of these patients experienced serious harm from this. Double rooms did not appear to be a factor in the cases; they didn't involve administration of a roommate's drugs. However, it is possible that stress or fatigue may have played a role.

Human Factors literature reports that errors occur more frequently during periods of stress and fatigue at a rate of 1 in 4 cases. In the future, nurse bedside bar-code scanning may help avert events like these. Nevertheless, for now, we must take extra precautions to follow safe practice guidelines and use 2 patient identifiers prior to the administration of drugs.

Pressure Ulcer Accountability in Acute Care

By WOC/Wound Care Nurses, Patient Care Support

On October 1, 2008, all hospitals currently reimbursed by prospective payment will no longer receive additional payment for hospital-acquired pressure ulcers. Stage III and IV pressure ulcers present on admission will qualify for higher MS-DRG payment with no additional payment for facility acquired pressure ulcers regardless of stage. According to the new CMS POA (present on admission) indicator, POA is identified as "present at the time the order for inpatient admission occurs."

Medical record documentation from any provider involved in the care and treatment of the patient may be used to support the determination of whether a pressure ulcer was present on admission or not. The term provider means a physician or any qualified healthcare practitioner who is legally accountable for establishing the patient's diagnosis such as NPs or PAs.

It will be the responsibility of the nurse caring for the patient to bring to the provider's attention the presence of a pressure ulcer at the time of admission. Another important note for hospitals and caregivers is that CMS and CDC have not identified clinical criteria for avoidable pressure ulcers, therefore all hospital acquired pressure ulcers are considered preventable.

What is being done to inform physicians and staff about the change in reimbursement? The WOC nurses have made available, to the physicians, laminated pocket cards with photos and descriptions of pressure ulcer stages as defined by the NPUAP (National Pressure Ulcer Advisory Panel, 2007). Larger laminated cards will also be placed on the units in the dictation areas. The WOC nurses are available to consult with physicians regarding the staging and management of pressure ulcers.

Carolyn Skudlarek and Joanne Czech, Clinical Documentation, have attended medical staff meetings to update the physicians on the CMS changes. The WOC nurses have been attending multiple Webinars and workshops to keep abreast of the CMS in regards to pressure ulcers. They also attended ANPC-PI to discuss the CMS changes regarding pressure ulcers with nursing administrators.

The WOC nurses will continue to see patients at risk for developing pressure ulcers, stage pressure ulcers and recommend interventions for prevention and treatment of pressure ulcers.

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Clinical Ladder

Congratulations to the following individuals for achieving and/or maintaining their Level III Clinical Ladder status!

Level IV

Jenelle Brekken, RN — Ortho/Neuro

- Clinical Ladder Presentation
- Preceptor
- Pin Care Policy
- Presentation: Osteoporosis and You
- Orthopedic Nurse Certification

Level III

Kim Schuster, RN — Patient Care Support

- Code Blue/ART Inservice
- Preceptor
- Code Blue Documentation Poster

Joan Hemker, RN — Operating Room

- Dermatome Curbside
- Career Opportunities Talk (Melrose High)
- Podiatry Reference Guide Module
- Oncology Certified Nurse

Ann Ohmann, RN — Oncology

- Mucositis Audit Tool
- Module: Management and Preventative of Cancer Treatment; Induced Oral Mucositis
- Cancer Pain Inservice
- Oncology Certified Nurse
- Med/Surg Certified Nurse

Amy Trutwin, RN — Surgery

- Team IV Resource Manual Module
- Stations: VP Shunt, ICP, RTS, Dermatome, Legend Drill, Mayfield Headrest
- Preceptor
- ROE Member

Level III cont'd.

Jessica Tindal, RN — Intensive Care

- Stations: CRRT, Hemodynamics
- Impending Brain Death Inservice
- ROE Member
- CCRN

Keri Hall, RN — Kidney Dialysis, Princeton

- Peritoneal Dialysis Inservice to Pharmacy
- EPIC Super User
- Kinetics Step by Step Resource
- Teach Peritoneal Dialysis to Patients at Home

Carol Ziegler, RN — Pediatric Short Stay

- Ports Inservices to ETC Nurses
- Pathogen of the Month: Chicken Pox
- Infection Control Committee
- Preceptor

Brenda Hommerding, RN — Med/Onc

- Power to the People Poster
- One to One PI Report
- Preceptor
- Oncology Certified Nurse

To find out what educational and professional development programs are offered, please go to the CentraNet Education Tab or call the Education Department at Ext. 55642

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